

310 South Williams Boulevard, Suite 106

Tucson, Arizona 85711 Phone: 520.628.6650

Fax: 520.747.1029 www.azftf.gov

Chair

Anthony R. Bruno

Vice Chair

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Chairman Lynn and Members of the Board First Things First 4000 N. Central Avenue, Suite 800 Phoenix, Arizona 85012

Dear Chairman Lynn and Members of the Board:

The South Pima Regional Partnership Council is pleased to present to the First Things First Board for consideration of approval a new strategy for service coordination for FY2011. As stated in the Fiscal Year 2011 Funding Plan, the Regional Council requested additional time to develop this new strategy. After engaging the community and reviewing the 2010 South Pima Needs and Assets Report, the Regional Council is presenting to you a regional strategy that addresses the needs of service coordination.

The South Pima Regional Partnership met, considered and approved the service coordination strategy (strategy #10) to be implemented in fiscal year FY2011 with a funding level of \$100,000.

The South Pima Region is comprised of urban, suburban and rural communities. The urban and suburban areas of the region have better access to early childhood development and health resources. However, the rural communities lack access to many of the resources available in Tucson and the larger municipalities. The South Pima Needs and Assets Report and community input support the need for capacity development of two geographic areas which have been identified as lacking the services needed by families with young children. The first area encompasses the far southern part of the region and includes the communities of Sasabe, Arivaca, Amado, and Three Points. The second targeted area includes the community of Summit View and the 85706 zip code. This strategy addresses the need to provide the leadership and resources necessary to support these two geographic areas on developing the capacity to better meet the needs of children and families through building upon the informal networks and coalitions within the each individual community and in the larger geographic area through the coordination of services.

Sincerely,

Anthony Bruno

South Pima Regional Council Chair

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Lack of awareness and utilization of preventative health care and enrollment of children in public health insurance programs	Health	Strategy – Health Insurance Outreach and Enrollment	\$188,295	Approved January 26, 2010
Lack of preventative oral health services for children birth through age five	Health	Strategy –Oral Health	\$224,998	Approved January 26, 2010
Lack of language and literacy supports for children and families	Family Support	Strategy – Early Literacy	\$101,900	Approved January 26, 2010
Lack of coordination, collaboration and capacity in underserved and rural communities leading to an absence of or a fragmented system of early childhood development and health services	Coordination	Strategy – Service Coordination	\$100,000	
	Communication	Strategy - Communications	\$100,000	
		Community Awareness	\$10,000	Approved January 26, 2010
	Evaluation	Child Care Study	\$75,000	Approved January 26, 2010
		Statewide Evaluation	\$277,310	¥
		Subtotal of Expenditures	\$5,791,561	
		Fund Balance	\$2,007,439	- 11 - 1.
		Grand Total	\$7,799,000	

and gaps in services, prioritizing needs (based on the recently completed needs & assets report), identifying the current level of coordination among providers and those service providers willing to participate in coordination efforts; and establishing goals for enhancing coordination and collaboration in these areas.

The third component includes convening local and cross regional meetings of service providers, participating in interagency coordinating councils as appropriate, engaging service providers to support communications and information exchange networks, and coordinating community education and advocacy efforts.

The fourth component involves determining new or expanded services needed based on identified gaps and supporting partners in identifying and securing potential funding sources such as grants from business, philanthropic, and other public and private sources.

The final component involves providing training and professional development to the partnership based on the identified needs of the participating organizations and community groups in strengthening partnerships developing coordinated service delivery systems and in seeking and applying for financial resources.

This strategy is intended to be implemented over more than one year and the timeline for implementation will be determined by the readiness of the communities to engage in a collective vision for working in collaboration to address the early childhood needs of the children and families in their communities.

It is critical that services and supports are responsive to the cultural, racial and ethnic differences of the community population. The coordination effort is not intended to replace or usurp the primary role of any existing system, but rather to build on the strength of existing services in each community and when appropriate, propose new services/support to be added in order to address unmet needs.

- Lead Goal (#13): FTF will lead cross-system efforts among state, federal and tribal organizations to improve coordination and integration of Arizona programs, services and resources for young children and their families.
 - Specifically, this strategy aligns with Coordination Strategic Direction Goal 13b:
 - Collaborate with public and private organizations to identify and apply for grants that support FTF goals.
- Goal (#15): FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

Key Measures

Lead Goal (Relates to #13):

- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
- Total number and percentage of public and private partners who report that FTF planning process and activities use family centered practices (e.g. builds on family strengths, connects families with community resources, and facilitates family interaction, family and community input at all levels of decision-making).
- Total number and percentage of public and private partners' who report they are satisfied with the extent and quality of coordination between public, private and tribal systems.

Goal (Relates to #15):

 Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts